

Opening Observations

Emergency Medical Services (normally abbreviated to the initials “EMS”) is a type of emergency service dedicated to providing out-of-hospital acute medical care, transport to definitive care, and other medical transport to patients with illnesses and injuries which prevent the patient from transporting themselves. The term emergency medical service evolved to reflect a change from a simple system of ambulances providing only transportation, to a system in which actual medical care is given on scene and during transport. They are regulated at the most basic level by the Federal Government, which establishes the minimum standards that all States' EMS providers must meet, and regulated more strictly by individual State Governments.

EMS delivery in the US can be based on various models. While most services are, to some degree, publicly funded, the factor which often differentiates services is the manner in which they are operated. EMS systems may be directly operated by the community, or they may fall to a third-party provider, such as a private company. In one of the more common publicly operated models, an EMS system is operated directly by the municipality it services. Ambulance services operating on a private, for profit, basis have a long history in the United States. These services operate either on a fee-for-service basis to the patient, or by means of contracts with local municipalities. Such contracts usually result in a fee-for-service service supplemented by the municipality in exchange for formal guarantees of adequate performance on such issues as staffing, skill sets, resources available, and response times.

Opening Observations

The EMS Committee has maintained focus on the review, considerations and the completion of a final recommendation to the Board of Commissioners. It has not been distracted by any outside attempts to influence the deliberations. It has attempted to maintain an open and receptive climate for

the gathering of information as to the community needs, industry standards, and of fiscal concern for the Jasper County taxpayers. It is with this sole motivation that the EMS Committee submits to the Jasper County Board of Directors this recommendation for the operation and management of the Emergency Medical Services for the County.

Considered and Majority Recommendation for the Emergency Medical Services of Jasper County, Georgia

The basis for all governmental endeavors derives from the principles enshrined in the Constitution of the United States of America and the Constitution of the State of Georgia. Paramount among these principles in the operation of our County are the services afforded our citizens through the Sheriff's Department, the Fire Department and the Emergency Medical Services Department. The collective importance of these services is reflected in the allocation of resources in support of each. With this consideration as our determining goal, we, The EMS Committee, established by the Jasper County Board of Commissioners, submit and recommend the following structure and standard operating procedures for the Emergency Medical Services Department.

Recommendation 1.

Determine the priority of the Emergency Management Services of Jasper County among the other needs and allocate the corresponding funding to this service.

Discussion:

The current County SPLOST, approved in the Fall of 2012 to run for a period of 6 years, is expected to raise \$5 Million. In the current environment the County has determined that 5% or \$250,000, of the current SPLOST is necessary for Monticello Sidewalk repair and maintenance but only 3.7% or \$183,000, for acquisitions of necessary EMS equipment. The Fire Department was allocated \$598,000 for Fire Apparatus, communications and equipment while the EMS was provided allocation of \$183,000 for an Ambulance and Heart Monitors.

If the intent of the governing authority is to provide the best possible service for the available funds than review of the budgetary priorities are an immediate and critical requirement. This means the

Board of Commissioners are confronted with the need to prioritize the County allocation of fiscal resources for the benefit of all constituents based on service needs. Popular consensus would appear the highest priorities to be Law Enforcement, Fire Prevention and Intervention, and Emergency Medical Services. All other needs could be considered as secondary.

Recommendation 2.

The Emergency Medical Services of Jasper County should be maintained as a public service.

Discussion:

The necessity of maintaining a close, neighbor on neighbor, medical support is of critical importance to all citizens of our County. The ability to tailor, manage, and adjust the regular operations of the EMS; maintain financial controls over the operations; and exercise the supervisory authority can only be provided through the maintenance of the EMS as a “County provided” service.

Recommendation 3.

The EMS and the Fire Department should be merged into a single agency under the management and daily supervision of an agency head (EMS) teamed with an assistant agency head (Fire).

Discussion:

The current Fire Department exists under the control of one full time employee (The Chief) and an extended organization of volunteers of varying qualifications and certifications. While not all fire volunteers have pursued EMS qualifications a majority of our EMS Qualified personnel (full timed EMT and Paramedic) have pursued certification as fire fighters. The derivative benefits to the homeowners of this County through qualified “First Responders,” improved testing and servicing of fire equipment and possibly improved ISO Ratings. As to the combined department head, the criticality of professional qualifications for the EMS dictates the combined services department necessitates the Director be the EMS Qualified individual and the Assistant be the Fire Director.

Recommendation 4.

Expand the EMS full time coverage to add a unit within the Shady Dale Community from 6:00 AM through 10:00 PM Monday through Friday.

Discussion.

The County Fiscal Year (FY) demographic studies reflect the need for additional service in the northeast area of the county. Coordination of the EMS resources at Stations 1, 3, and Shady Dale will ensure the majority of our resources can be brought to bear on most anticipated demands barring a local disaster.

Recommendation 5.

Increase staffing from 12 to 16 EMS personnel

Discussion.

The additional personnel will be required to cover the additional demands of the third operational ambulance at Shady Dale.

Recommendation 6.

In FY 2015 submit two of the existing three EMS Ambulances for “Remounting.”

Discussion.

The type of EMS Ambulance utilized by Jasper County is comprised of a chassis or truck and an Ambulance box. A “Remount” is the process of removing the Ambulance box from the existing chassis and, after overhaul, mounting the Ambulance box on a new chassis, or truck. It appears the industry norm is to limit the “Remounting” option to two overhauls. Of the current three Jasper County EMS Ambulances, two have apparently already been “Remounted” once. The estimated cost of “Remounting” is \$90,000 to \$110,000 depending upon the extent of retrofitting required on the Ambulance portion of the vehicle. Assuming these two Ambulances are the logical ones to “Remount,” these should be accomplished through “Leasing” provisions to spread the acquisition costs over a five year period.

Recommendation 7.

In FY 2015 lease a new EMS Ambulance.

Discussion.

The acquisition through “Leasing” will enable the immediate availability of the necessary equipment on hand to maintain services at three locations throughout the County while spreading the acquisition expenses over five years. This will give the County access to four Ambulances at the beginning of FY 2016.

Recommendation 8.

Increase the service fees to the industry norm at the beginning of FY2015.

Discussion.

It would appear that while the Medicare and other governmental reimbursements are set, other coverage may pay at the higher rate. With increased diligence in collections of non-insured revenues, the increased rates should offset any additional operational costs of the EMS.

Recommendation 9.

Consider obtaining a “Non-Emergency” Transport license for our EMS.

Discussion.

to enable the utilization of our Ambulances for County residents’ non-emergency transport to and from medical appointments. This additional revenue could be applied to the operational costs of the EMS.

Recommendation 10.

The Board of Commissioners should regularly review and update the regulative and commercial evolution of the EMS, “Affordable Care Act” and Georgia reimbursement and/or EMS coverage.

Discussion.

The EMS environment is fluid and ever changing. As late as the 1980s, service was provided in some communities through the dual utilization of hearses. The current state of Ambulance equipment

and EMS personnel training/qualification evolved over the late 1980s and early 1990s. It is logical to assume the EMS environment will change numerous times over the next 20-25 years. This plan should, at best, be considered effective for the next 5 to 10 years. Constant review and updating is an absolute necessity.

The attached "Draft" Budget for the EMS Department is projected out for five years beginning in FY 2015 and running through the end of FY 2019. During this period, three existing Ambulances will be "Remounted" once each and a new Ambulance will be acquired. Planning should go forward with the intent of replacing/adding an additional new Ambulance in FY 2020 followed by additional "Remounts" and new equipment acquisitions.

SUMMARY

Beginning with the initial recommendation for the formation of an Emergency Medical Services Committee (EMS Committee), the community consensus has appeared to have been "the Board of Commissioners has already reached a decision." The common wisdom has been the EMS Committee is a lightning rod deflecting attention from the Commissioners' pursuit of their predetermined course of action while placing dissent onto the Committee. The County Manager has been accused of prematurely dismissing any recommendations by the Committee in an effort to control the final outcome. The release of certain individuals during the Committee's discussions and the supposed effort to hire a new EMS Director has been held out as further confirmation of collective predetermination. These issues, and observations and discussions of the Committee's Agendas, appear to be intended as distractions from the principal intent for establishing the Committee.

The EMS Committee has maintained focus on the review, considerations and final recommendation to the Board of Commissioners. It has not been distracted by any outside attempts to influence the deliberations while maintaining an open and receptive climate for the gathering of

information as to the community needs, industry standards, and fiscal concern for the County taxpayers. It is with this same determination that the EMS Committee submits to the Jasper County Board of Directors this recommendation for the operation and management of the Emergency Medical Services for the County.